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## **Section H. PATHWAY 6: Behavior**

This Pathway identifies applicants who display repetitive behavioral challenges. For this area, identify whether the applicant has displayed any challenging behaviors in the last 7 days. Note that the items ask for the number of days in which the behaviors are exhibited, not individual episodes. For instance, if the applicant had three episodes of wandering on one day, that would count for one day of wandering. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

### **H.17A. Wandering Behavior**

Wandering describes those applicants who move about (in- or out-of-doors) with no discernible, rational purpose. Individuals who wander may be oblivious to their physical or safety needs. Wandering behavior should be differentiated from purposeful movement (i.e., a hungry applicant moving about the apartment in search of food). Wandering may be by walking or by wheelchair. Do not include pacing as wandering behavior. Wandering can occur indoors or out of doors.

**Selection a: Behavior not exhibited in last 7 days**

Code if the applicant did not display any wandering behavior in the last 7 days.

**Selection b: Behavior of this type occurred 1 to 3 days in last 7 days**

Code if the applicant exhibited wandering behavior on 1, 2, or 3 days within the last 7-day period.

**Selection c: Behavior of this type occurred 4 to 6 days, but less than daily**

Code if the applicant exhibited wandering behavior on 4, 5, or 6 days within the last 7-day period.

**Selection d: Behavior of this type occurred daily**

Code if the applicant exhibited wandering behavior on each day within the last 7-day period.

**Selection e: Unknown to Informant**

Code if the informant (caller) is not aware of the applicant's frequency of wandering within the last 7 days.

### **H.17B. Verbally Abusive Behavior**

This section identifies applicants who threatened or screamed at others.

**Selection a: Behavior not exhibited in last 7 days**

Code if the applicant did not display any verbally abusive behavior in the last 7 days.

**Selection b: Behavior of this type occurred 1 to 3 days in last 7 days**

Code if the applicant exhibited verbally abusive behavior on 1, 2, or 3 days within the last 7-day period.

**Selection c: Behavior of this type occurred 4 to 6 days, but less than daily**

Code if the applicant exhibited verbally abusive behavior on 4, 5, or 6 days within the last 7-day period.

**Selection d: Behavior of this type occurred daily**

Code if the applicant exhibited verbally abusive behavior on each day within the last 7-day period.

**Selection e: Unknown to Informant**

Code if the informant (caller) is not aware of the applicant's frequency of verbally abusive behavior within the last 7 days.

**H.17C. Physically Abusive Behavior**

This section identifies applicants who hit, shoved, scratched or sexually abused others.

**Selection a: Behavior not exhibited in last 7 days**

Code if the applicant did not display any physically abusive behavior in the last 7 days.

**Selection b: Behavior of this type occurred 1 to 3 days in last 7 days**

Code if the applicant exhibited physically abusive behavior on 1, 2, or 3 days within the last 7-day period.

**Selection c: Behavior of this type occurred 4 to 6 days, but less than daily**

Code if the applicant exhibited physically abusive behavior on 4, 5, or 6 days within the last 7-day period.

**Selection d: Behavior of this type occurred daily**

Code if the applicant exhibited physically abusive behavior on each day within the last 7-day period.

**Selection e: Unknown to Informant**

Code if the informant (caller) is not aware of the applicant's frequency of physically abusive behavior within the last 7 days.

### **H.17D. Socially Inappropriate/Disruptive Behavior**

This section identifies applicants who made disruptive sounds, noisiness, or screaming, who performed self-abusive acts, inappropriate sexual behavior or disrobed in public, who smeared or threw food/feces, or who hoarded or rummaged through others' belongings.

**Selection a: Behavior not exhibited in last 7 days**

Code if the applicant did not display any socially inappropriate or disruptive behavior in the last 7 days.

**Selection b: Behavior of this type occurred 1 to 3 days in last 7 days**

Code if the applicant exhibited socially inappropriate or disruptive behavior on 1, 2, or 3 days within the last 7-day period.

**Selection c: Behavior of this type occurred 4 to 6 days, but less than daily**

Code if the applicant exhibited socially inappropriate or disruptive behavior on 4, 5, or 6 days within the last 7-day period.

**Selection d: Behavior of this type occurred daily**

Code if the applicant exhibited socially inappropriate or disruptive behavior on each day within the last 7-day period.

**Selection e: Unknown to Informant**

Code if the informant (caller) is not aware of the applicant's frequency of socially inappropriate or disruptive behavior within the last 7 days.

### **H.17E. Mental Health Problems or Conditions**

Applicants who need long term care may experience delusions and hallucinations that impact the applicant's ability to live independently in the community. Applicants who qualify at this Pathway must also meet the PASARR requirements for nursing facility admission if they choose a residential setting for care.

**Delusions (Definition):**

“Fixed, false beliefs not shared by others that the applicant holds even when there is obvious proof or evidence to the contrary (e.g., belief that he or she is terminally ill; belief that spouse is having an affair; belief that food is poisoned).”<sup>1</sup>

**H.17E.a. Delusions**

Identify and code if the applicant experienced any delusions which impacted his/her ability to function in the community within the last 7 days. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

**Enter “0”** if the applicant experienced no delusions which impacted his/her ability to function in the community within the last 7 days.

**Enter “1”** if the applicant experienced any delusions which impacted his/her ability to function in the community within the last 7 days.

**Enter “2”** if the informant (caller) is not aware if the applicant experienced any delusions which impacted his/her ability to function in the community within the last 7 days.:

**Hallucinations (Definition):**

“False perceptions that occur in the absence of any real stimuli. An hallucination may be auditory (e.g., hearing voices). Visual (e.g., seeing people, animals), tactile (e.g., feeling bugs crawling over skin), olfactory (e.g., smelling poisonous fumes), or gustatory (e.g., having strange tastes).”<sup>2</sup>

**H.17E.b. Hallucinations**

Identify and code if the applicant experienced any hallucinations which impacted his/her ability to function in the community within the last 7 days. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

**Enter “0”** if the applicant experienced no hallucinations which impacted his/her ability to function in the community within the last 7 days.

**Enter “1”** if the applicant experienced any hallucinations which impacted his/her ability to function in the community within the last 7 days.

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<sup>1</sup> Morris JN, Fries BE, Bernabei R, et al, p.97.

<sup>2</sup> *Ibid.* p.98.

**Enter “2”** if the informant (caller) is not aware if the applicant experienced any hallucinations which impacted his/her ability to function in the community within the last 7 days.

## **Section I. PATHWAY 7: Service Dependency**

This section refers to applicants who are currently enrolled in and receiving services from either the Waiver or State Plan Program, PACE program or a Medicaid reimbursed nursing facility, and who were receiving such services prior to 12/01/2006 with no break in service to the present day. The applicant qualifying under Pathway 7 is eligible for continued enrollment and delivery of services from these programs.

### **I.18.a. Not approved for or receiving these services before 12/01/2006.**

Make this selection when:

- the applicant is currently not being served by Waiver or State Plan, or PACE or by a Medicaid reimbursed nursing facility, OR
- the applicant has not been continuously served by Waiver or State Plan, or PACE or by a Medicaid reimbursed nursing facility since 12/01/2006 with no break in service to the present day,

### **I.18.b. Was approved for these services prior to 12/01/2006 and requires ongoing services to maintain current functional status.**

Make this selection when:

- the applicant has been served by Waiver or State Plan, or PACE or by a Medicaid reimbursed nursing facility since prior to 12/01/2006 with no break in service to the present day AND requires ongoing services to maintain current functional status.

## Section J:

### J.19B.

Enter the date the LOCET was completed.

#### Attestation Statement:

Read and sign the attestation statement. Only a qualified Intake Analyst may complete a LOCET. A qualified Intake Analyst will have a LOCET Intake Analyst ID number issued by OAAS. Only the person to whom the number

was issued may use that number. This attestation statement indicates that the Intake Analyst whose name and ID number appear on the document is the same person who conducted the LOCET interview with the applicant. Also enter the date of the Intake Analyst signature in Item J.19C.b.

J19B. Date LOCET completed

Y	Y	Y	Y	M	M	D	D		

My signature below indicates that I attest to the fact that I have conducted the LOCET interview recorded within this document, and that the Intake Analyst Registration number shown below in Item J19C.c. has been issued to me by the Office of Aging and Adult Services.

J19C.a. Signature of Intake Analyst

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

J19C.b. Date of Intake Analyst Signature

Y	Y	Y	Y	M	M	D	D		

#### Telephone Number of Intake Analyst:

Enter a phone number where the Intake Analyst can be reached in the event that an OAAS reviewer has a question about the packet submitted.

Telephone Number of Intake Analyst


J19C.c. LOCET Intake Analyst Registration Number

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J19G. Event Log

1. Date SMS Form sent to OAAS

Y	Y	Y	Y	M	M	D	D												

### J.19C.c. Intake Analyst Registration Number

The official Intake Analyst registration number must be entered into these blocks.

In the event of an Intake Analyst losing his/her Intake Analyst number, a written request must be submitted by fax to OAAS for reissuance of that number. The request form is the official Intake Analyst Registration form found at the OAAS website: [www.oaas.dhh.louisiana.gov](http://www.oaas.dhh.louisiana.gov). The form must be annotated as an "update" and faxed to OAAS.